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ANALYSIS OF CURRENT PRACTICES AND STATISTICAL INSIGHTS OF BREAST CANCER SCREENING IN NIGERIA

Introduction

Breast cancer among women constitutes a critical public health burden. The global incidence of breast cancer has increased over the years with an estimated 1.68 million new cases recorded in 2012. Breast cancer screenings are practices that include examinations and investigations used in the detection of breast cancer in asymptomatic women. Some of the recognized screening methods include breast self-examination (BSE), clinical breast examination (CBE), and mammography. Although, due to inadequate clear benefits, the American Cancer Society (ACS) no longer recommends CBE and BSE for women at average risk, the American College of Obstetricians and Gynecologists (ACOG) still advocates for BSE to be practiced monthly and CBE annually beginning at the age of 20 years. The BSE and CBE are recommended as screening methods still of necessity for LMICs where mammography is expensive and difficult to access. In several developing countries including Nigeria, the use of CBE and mammography is low due to limited human and material resources, hence, the need for a context-specific method for the early detection of breast cancer.

The awareness of breast cancer screening methods was reported as low from a systematic review of studies done in Nigeria with an average percentage of 69.3% for BSE awareness and 37.8% for mammography awareness. There are low levels of breast cancer screening practices among women despite the relatively high level of awareness. An awareness rate of 56.5% for breast cancer screening has been reported with only 17.7% of the study participants practicing at least one of the screening methods in a hospital-based cross-sectional survey conducted in South-south Nigeria.

Goal

To investigate the current state of breast cancer screening practices in Nigeria, analysing the results of various screening tests and their corresponding data.

Material and methods of research

The study employed a cross-sectional design, collecting data from various healthcare facilities in Nigeria that offer breast cancer screening services. The screening tests included in the analysis were: 1. Mammography 2. Clinical Breast Examination (CBE) 3. Breast Self-Examination (BSE) 4. Ultrasound This was a cross-sectional opportunity survey conducted among women who attended a conference in Kaduna metropolis, Northwestern Nigeria in November 2022. It was a local educational conference for women organized by a group of non-governmental organizations aimed at increasing awareness of gender-based issues.

Study site: Kaduna state is the third most populous state in Nigeria, and Kaduna metropolis is cosmopolitan.

Study population: This was a group of women with varied sociodemographic characteristics. This study used a total sampling of the conference attendees. A total of 295 women attended the conference and 274 participated in this study, giving a response rate of 92.9%. Convenience sampling was done. All conference attendees who consented to participate in this study were recruited.

Data collection: An anonymous self-administered structured questionnaire adapted from a review of the Demographic and Health Surveys was used to obtain information about the participants' socio-demographic characteristics and their awareness and practice of breast cancer screening methods.

Data analysis: The data was analyzed using SPSS version 24 and presented in proportions using tables and charts.

The results of the research and their discussion

A total of 274 women with a mean age of 43.26 ± 9.58 years participated in this study. Most (90.5%) of the participants were aware of breast cancer. The rate of awareness of breast self-examination (BSE) was 70.1%, however, only 40.5% of the women practiced BSE with 10.6% performing it monthly. Over half, 51.8%, of the study participants were aware of clinical breast examination (CBE) while only 12.4% of the women had gone for a CBE. Mammography as a screening method for breast cancer had the least awareness rate of 27.7% while only 9.5% had done it. The common reason stated for not practicing these breast cancer screening methods was poor knowledge.

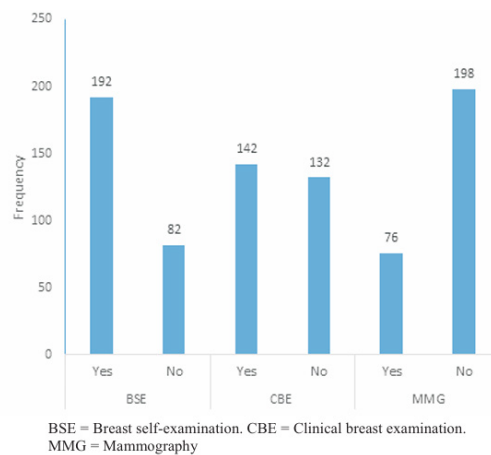


Figure 1 – Distribution of the awareness and practice of breast cancer screening methods among the respondents (n = 274)

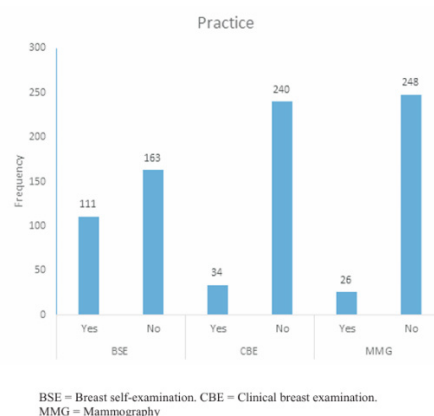


Figure 2 – Distribution of the awareness and practice of breast cancer screening methods among the respondents (n = 274)

In this study, the mean age of the participants was 43.26 years and a majority (48.2%) of them had attained a tertiary level of education. This is probably due to the nature of the study site which was an urban area of the State. However, the study participants were of diverse socio-economic status. From this study, 90.5% of the respondents were aware of breast cancer as a

disease. This finding is supported by a study done in the Southeastern region of Nigeria where 87.3% of rural women were aware of breast cancer. The respondents in this study identified the media (television, radio, internet), books, seminars, and family and friends as the major sources of information on breast cancer. Studies conducted in other regions of the country also reported similar major sources of information. However, Olowokere et al in their study done in rural communities reported the hospital as the major source of information. This study recorded a 70.1% awareness rate of breast self-examination (BSE) with only 10.6% who practiced it monthly. This is similar to studies conducted in other regions of the country

Conclusions

Breast cancer screening is crucial for the early detection of breast cancer to reduce the morbidity and mortality associated with it. This study has highlighted the low awareness and practice rates of breast cancer screening methods among women. Collaborative and intersectoral efforts aimed at providing breast cancer screening methods should be intensified. It is recommended that policymakers foster strategies for strengthening awareness campaigns on the practice of breast cancer screening methods. Further studies to identify factors that influence the practice of these screening methods are encouraged.

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ANALYSIS OF CERVICAL CANCER SCREENING IN GHANA

Introduction

Cervical cancer is a malignant neoplasm arising from the cells of the cervix – the lower part of the uterus that connects to the vagina. It is primarily caused by persistent infection with high-risk human papillomavirus (HPV), particularly types 16 and 18, which account for approximately 70% of cervical cancer cases globally (WHO, 2023). The development of cervical cancer is often a slow process, potentially spanning 10 to 20 years from initial HPV infection